ACCESS TO HEALTH SERVICES BY THE COMMUNITY DURING COVID-19 PANDEMIC

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ABSTRACT

Background*: During the current covid-19 pandemic, public visits to health facilities such as hospitals, health centers and clinics have decreased. People are increasingly worried about visiting health facilities for fear of being infected.*

Objective: *The purpose of this study was to measure the level of public concern about visiting health facilities during the pandemic when experiencing health problems.*

Method: *This research is a quantitative research using an analytical approach and a cross sectional. The population in this study were all Indonesian people and the number of samples in this study was 118 people.sampling technique used was accidental sampling technique.*

Result: *The results showed that the level of public knowledge about covid-19 showed that people with a low level of knowledge were 14 people (11.9%) and a high level of knowledge was 104 (88.1%). Respondents with the level of public concern visiting health facilities showed that their level of concern was low as many as 25 people (21.2%), moderate 40 people (33.9%) and high 53 (44.9%). There is no relationship between the level of knowledge with the level of public concern visiting health facilities with a p value 0.421.*

Conclusion*: Public knowledge about COVID-19 is in the high category and the level of public concern for visiting health facilities during the pandemic is in the low category and there is no relationship between the level of public knowledge and the level of public concern for visiting health facilities*

INTRODUCTION

At this time the world is being faced by a virus outbreak. A virus that has a high enough pathogenicity and infectivity ability, so that on January 30, 2020, WHO has designated it a *Public Health Emergency of International Concern* (PHEIC) and until now it has become a pandemic. A pandemic is a case in the form of an outbreak that has crossed national boundaries. Previously, this disease was

simply referred to as "2019 novel coronavirus" or "2019-nCoV" however, on February 11, 2020, *the World Health Organization* announced the official name of the disease causing the 2019 novel coronavirus outbreak, which was first identified in Wuhan, China. (Russiadi et al, 2020).

Since it was discovered on December 31, 2019 in the city of Wuhan, Hubei Province, China, there has been a very fast human-to-human transmission. Based on *Worldometer* on October 1, 2020, COVID-19 has infected 34,166,631 people spread across 215 countries and has swallowed as many as 1,018,871 people in various countries. The high transmission rate is caused by many factors, such as population characteristics, environment, and the readiness of various countries, especially in poor countries, where resource-intensive intervention is not an option. In addition, there are high-risk groups in the occurrence of this transmission in various countries (Junaedi & Salistia, 2020).

In Indonesia itself, the first Covid-19 case was announced on March 2, 2020 which was revealed after a report that a Japanese citizen was positive for Covid-19 and had previously visited Indonesia (Wijoyo et al, 2020). Given the number of people who are infected every day, it is only natural that people are struck by fear. The government always reminds us to always keep our distance, wear masks when leaving the house, gather without a clear purpose, and avoid medical examinations as much as possible. These

actions cannot be justified, especially the 3rd action. Medical examination when symptoms occur is important. Therefore, if it is infected as much as possible, take appropriate and fast steps so that the spread does not occur. But people choose to avoid going to hospitals or clinics. There are even cases where people who suffer from illness but do not have COVID-19 symptoms are reluctant to go to the hospital due to fear of contracting it (Sari & Windusari, 2021).

In the United States and England, several reports show a significant decrease in emergency department visits for heart disease because people are afraid will catch Covid-19 in the hospital. As a result of the emergence of Covid-19, people are increasingly worried about visiting hospitals (RS). In North Sulawesi, the decrease in hospital visits is up to 80 percent. Only one reason, they are afraid of being exposed to the corona virus.

Public visits to health facilities in Gunung Kidul Regency have also decreased during the Covid-19 pandemic. They are reluctant to check themselves into hospitals, private hospitals and health centers for fear of contracting the corona virus. This decline is not only in government-owned health services, such as hospitals and health centers. However, private hospitals and clinics are also affected. Some patients choose to refrain from checking for fear of exposure.

Therefore, there must be new innovations in the health system that must be carried out. For example, there is socialization

or consultation that can be carried out remotely between patients and medical personnel and the application of appropriate and appropriate health protocols. The purpose of this research is to measure the level of public concern for visiting health facilities during the COVID-19 pandemic when experiencing health problems.

METHODS

This type of research includes quantitative research with a *cross-sectional* namely research that examines the dynamics of the correlation between risk factors and effects, by means of an observation approach or data collection of independent variables and dependent variables is carried out at the same time. The research variable consisted of the independent variable, namely public knowledge about covid-19 and the dependent variable, namely access to health services by the community.

The method of data collection is done by using a questionnaire through the google form facility. The knowledge questionnaire consists of 10 questions about who is at risk, the mode of transmission, whether it can be spread by animals, the time it takes for the symptoms of covid to appear, how long the virus lasts on the surface of objects, symptoms, the difference between covid and ordinary influenza, whether it can be transmitted by people without symptoms, whether it can be transmitted through the air, and how to prevent covid-19. The questionnaire on access to health services by the community consists of 8 questions about whether you have been sick during the

covid-19 pandemic, whether to visit health facilities during covid-19 when you are sick, alternatives to not visiting health facilities, feelings of worry when visiting health facilities, fear of being exposed to Covid -19, worried when meeting with health workers, worried about being diagnosed, and better recovering health independently.

The population of this research is all Indonesian people.sampling technique used was *accidental sampling*, that is, anyone filled out a google form that had been distributed in various media.technique *Accidental sampling* is a technique in which the sampling is not determined in advance but directly collects data from the sampling unit it encounters, after the number is sufficient the data collection is stopped. (Nawawi, 2001). The number of samples based on the results of filling out the google form was 118 people. The analysis used in this study was univariate about the identity of the respondents (gender, age, occupation, and education) and bivariate to determine the correlation of the independent variable with the dependent variable using the chi-square test.

RESULTS

The decrease in the number of public visits to health facilities during the COVID-19 pandemic may lead to a high risk of non-communicable diseases. The decrease in visits to health facilities was due to a policy regarding limiting the number of visits and hours of service in health facilities such as hospitals, health centers and clinics.

In addition, many health facilities were forced to close due to limited facilities for the prevention of COVID-19, including the provision of Personal Protective Equipment (PPE) such as clothes, masks, gloves. Availability of PPE is limited, especially in non-government health facilities because the funding for provision comes from the clinic's self-help, the price is quite high and the quantity is limited.

Characteristics of Respondents

Table 1
Distribution of Characteristics of Respondents Based on Gender, Age and Last Education

Characteristics of Respondents	n	%
Gender		
Male	35	29.7
Female	83	70.3
Age (years)		
15-25	89	75.4
26-35	13	11
36- 45	14	11.9
46-50	2	1.7
Last Education		
Elementary School/Equivalent	1	0.8
Junior High School/Equivalent	1	0.8
High School/Equivalent	82	67
Higher Education	34	28.8
Total	**118**	**100**

Source: Primary Data 2020

Based on table 1. shows the distribution of respondents' characteristics by gender in the study There were 118 people, consisting of 35 men (29.7%) and 83 women (70.3%). Characteristics of respondents based on age, the number of respondents who filled out the questionnaire the most was the age of 15-25 years as many as 89 respondents (75.4%), and the least was the age of 46-50 years as many as 2 respondents (1.7%). The distribution of respondents based on their latest education found that the education of the most respondents was SMA/Equivalent as many as 82 people (67%) and the least was SD/Equivalent and SMP/Equivalent each 1 respondent (0.8%)

Relationship between Knowledge Level and Worry Level

Table 2
Knowledge Level About Covid-19

Knowledge Level	n	%
Low	14	11.9
High	104	88.1
Total	118	100

Source: Primary Data 2020

Table 2 shows the knowledge level about covid 19, the results shows a low level of knowledge as 14 people (11.9%) and a high level of knowledge as 104 (88.1%)

Table 3
Awareness Level of Community Visiting Health Facilities

Level	n	%
Low	25	21.2
Medium	40	33.9
High	53	44.9
Total	118	100

Source: Data Primary 2020

Table 3. shows the level of public concern for visiting health facilities, the results show a low awarness 25 people (21.2%),

Medium 40 people (33.9%) and High 53 (44.9%).

Table 4
Relation of Knowledge Level with Respondent's Worry

Level Knowledge	Level of Worry Level			Total	*P value*
	High	Medium	Low		
Low	4	6	4	14	0.421
High	49	34	21	104	
Total	53	40	25	118	

Source: Primary Data 2020

Based on table 4. Relationship between knowledge level and level Respondents' concerns indicate that a low level of knowledge has a high level of concern as many as 4 people. While respondents who have a high level of knowledge have a low level of concern as many as 21 people.

The test results obtained a *p value of* 0.421 means that *p value* > 0.05 which means Ha is rejected and H0 is accepted. So that there is no relationship between the level of knowledge with the level of concern of respondents in visiting health facilities.

DISCUSSION

The relationship between the level of knowledge and the level of concern

Based on the results of the study, the p-value *of* 0.421 means that *p value* > 0.05, which means that Ha is rejected and H0 is accepted. The conclusion is that there is no relationship between the level of knowledge and the level of concern of respondents in visiting health facilities. Efforts to break the chain of spread of COVID-19 require good

understanding and knowledge from all elements, including the community. Knowledge is a result of curiosity through the process of accessories or sensing, especially in the eyes and ears of certain objects. A person's knowledge is influenced by several factors, including the level of education, occupation, general, environmental factors and socio-cultural factors (Fuadi et al, 2016).

Someone who already knows about certain information, then he will be able to determine and make decisions on how he should deal with it. In other words, when a person has information about COVID-19, he will be able to determine how he should behave towards Covid-19 (Purnamasari & Raharyani, 2020).

Basically, the knowledge of the Indonesian people about the Covid-19 disease is quite good. This is in line with research conducted by Yanti et al (2020) which shows that 99% of Indonesians have good knowledge, 59% have a positive attitude and 93% have good behavior towards Covid-19

prevention efforts, namely by doing *social distancing*. A high level of knowledge is also supported by a fairly decent level of education. It is hoped that the higher a person's education, the easier it will be for them to get access to information about health problems, especially COVID-19.

Worry is the attitude of the respondent to think excessively or too anxiously about a problem or situation. The current high increase in the number of COVID-19 cases makes people worry and even fear and do not want to visit health facilities and prefer to do treatment independently at home (Manurung & Siagian, 2020). Anxiety can be caused by various factors, one of which is a lack of knowledge (Suwandi & Malinti, 2020).

The COVID-19 pandemic has created concerns about various conditions. Uncertainty and distance from the outside world has the potential to affect everyone's mental health. In a survey conducted by the Central Statistics Agency (BPS), as many as 69.43% of respondents admitted that they were very worried when leaving the house. Likewise, the massive media coverage of COVID-19 caused anxiety for 65.03% of respondents (Rifki et al, 2022)

The current situation of the Covid-19 pandemic is troubling many people because they feel worried or anxious and even afraid to visit health facilities with one reason being afraid of being exposed to the corona virus. This attitude causes a person to become distracted, focus on negative events that may

occur, and be engulfed in unreasonable and unfounded fears. In severe conditions, worry can cause severe anxiety and panic, and may become a chronic problem if not addressed (Karimi & Efendi, 2020). Therefore, it is important that someone has a sufficient level of knowledge about COVID-19 in order to reduce the level of concern and the negative impacts that can be caused. Vice versa. This is in line with research conducted by Sitohang and Simbolon (2021) which shows that respondents who have a high level of knowledge will have a low level of concern about health problems.

CONCLUSION

Based on the results of this study, it shows that public knowledge about covid-19 is in the high category and the level of public concern for visiting health facilities during the pandemic is in the low category. The test results obtained show that there is no relationship between the level of public knowledge and the level of public concern for visiting health facilities.

SUGGESTION

Researchers only involved the knowledge variable in seeing the level of concern of respondents about visits to health facilities by the community if they experienced health problems. Therefore, other researchers are expected to be able to examine several supporting variables that can be seen from various sides such as economics, attitudes, and so on.

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